



INSTRUCTIONS: 2007 STATEMENT OF SOURCES OF INCOME

GENERAL INSTRUCTIONS FOR CANDIDATES

1. Please submit this statement to the Ethics Commission by **5:00 p.m. on Monday, August 4, 2008.**
2. Report the sources of income for you, your spouse or domestic partner and your dependent children.
3. Report only specific sources of income. Dollar amounts need not be listed.
4. Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
5. Please sign on page 3.
6. Use page 4 for additional information. Please fill in your name, address, and date at the top of the page
7. The completed statements are posted on the Commission's website and copies are made available to members of the public upon request.
8. State law (1 M.R.S.A. § 1016-B (2)) requires candidates to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.
9. Please keep a copy of this statement for your records.

DETAILED INSTRUCTIONS

Please contact Commission staff at 287-4179 or come to the Commission office at 242 State Street, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. The staff will be happy to assist you in completing this form accurately and properly.

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER

"Employee" means a person in any employment position, including public or private employment, employment with a nonprofit, religious, charitable or educational organization, or any other compensated service under an expressed, implied, oral or written contract for hire, but does not include a self-employed person. Do not include sources of income received by your spouse or domestic partner or dependent child(ren) in this section. Include sources of income from both full and part-time employment, if applicable. Name each employer from whom you received compensation for services, including fees, commissions and payments in-kind. See example below.

Name of Employer	Address	Principal Type of Economic Activity of Employer
<i>Pinetree Counseling Associates</i>	<i>201 Main Street, Pinetree City, Augusta, Maine</i>	<i>Counseling services</i>
<i>Central Hospital</i>	<i>Waterville, Maine</i>	<i>Healthcare</i>

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT Sections A and B

(For candidates who are self-employed.)

If you derive part of your income from self-employment and part from employment by another, complete both Parts 1 and 2 of this form. You are considered self-employed if you perform services for another under contract, but are not under the essential control or supervision of the other person while performing those services.

Section A. "Enter the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity." See example below.

Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
<i>CST, Inc., 65 Lincoln Street, Canton, Maine</i>	<i>Substance abuse counseling training</i>	<i>Therapeutic counseling training</i>

Section B. "List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived." If no source contributes more than \$1,000, you need not report. See example below.

Name of Source	Address	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
<i>Maine Healthcare, Inc</i>	<i>12 Main Street, Ellsworth, Maine</i>	<i>Healthcare and counseling services</i>
<i>Patients</i>		<i>Counseling services</i>

PART 3. MAJOR AREAS OF PRACTICE

(For candidates who are attorneys-at-law only.)

List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm. For purposes of this section, "major" is defined to mean any area of practice from which the individual and/or the partnership derived income of more than 20 percent in the aggregate during the preceding year. See example below.

Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Smith & Jones, 28 Hollywood Drive, Raymond, Maine	Probate/Wills	Workers' Compensation, Personal Injury and Probate/Wills

PART 4. OTHER SOURCES OF INCOME

Do not list sources of income in this part that were listed in Parts 1, 2, and 3 of this form (See example below). "Income" means economic gain to a person from any source, including, but not limited to:

- rents and royalties
- gains derived from property transactions
- income from discharge of indebtedness
- income from life insurance and endowment contracts
- income from an interest in an estate or trust
- pensions
- income from investments including interest, capital gains, and dividends
- annuities
- distributive share of partnership income
- prizes and grants.

In-kind income includes, but is not limited to, the transfer of property and options to buy or lease, and stock certificates.

Income does not include gift or alimony and separate maintenance payments.

Name of Source	Address	Kind of Income (investment, lease, etc.)
<input type="checkbox"/> None		
Union Life Insurance Co.	One Copley Plaza, Boston, MA	Annuity
Peoples Mutual Funds	Global Investment LLC, 40 Main Street, Bangor, ME	Investment

PART 5. REPORTABLE LIABILITIES

This section is used to report and update any reportable liability. Please remember that the law requires that these liabilities be reported to the Commission within 30 days of their occurrence. Do not list amounts owed. Do not list loans from a relative. "Relative" means an individual who is related to the candidate, the candidate's spouse or domestic partner as father, mother, son, daughter, brother, sister, uncle, aunt, great aunt, great uncle, first cousin, nephew, niece, husband, wife, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother or half sister, and shall be deemed to include the fiancé or fiancée of the candidate.

"Reportable liability" does not include a credit card liability; an educational loan made or guaranteed by a governmental entity, educational institution, or nonprofit organization; or a loan made from a state or federally regulated financial institution for business purposes.

PART 6. REPORTABLE GIFTS

A gift is defined as anything of value, including forgiveness of an obligation or debt, given to a person without that person providing equal or greater consideration to the giver. "Gift" does not include

- gifts received from a single source during the reporting period with an aggregate value of \$300 or less;
- bequest or other form of inheritance;
- gift received from a relative; and
- subscription to a newspaper, news magazine, or other news publication.

PART 7. REPORTABLE HONORARIA

"Honorarium" means a payment of money or anything with a monetary resale value to you for an appearance or a speech by you as a candidate. Honorarium does not include reimbursement for actual and necessary travel expenses for an appearance or speech, or payment for an appearance or a speech that is unrelated to your capacity or responsibilities as a candidate.

PART 8. REPRESENTATION BEFORE STATE AGENCIES

Identify each state agency or authority before which you appeared for, represented, or assisted another in a matter before that state agency or authority, and indicate any compensation received.

PART 9. BUSINESS WITH STATE AGENCIES

"Immediate family" means a candidate's spouse or domestic partner or dependent child(ren).

PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

List only the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) and the kind of income represented. If your spouse or domestic partner received \$1,000 or more of income, their name and job title are listed. For the purposes of this statement, a dependent child is one for whom an exemption is claimed when filing a Federal income tax return. Refer to Part 4 of instructions for a partial listing of sources of income. See example below.

Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity	Relationship	Kind of Income
Name: Jane Smith Job Title: Assistant Principal	1. Education 2. Insurance 3. 4.	Spouse or Domestic Partner	1. Employment 2. Dividend 3. 4.
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.	Hotel and Restaurant	Dependent Child	Employment
		Dependent Child	



2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

For Legislative Candidates in the 2008 General Election

Covering the calendar year January 1, 2007 through December 31, 2007

Please submit this statement to the Ethics Commission by **5:00 p.m. on Monday, August 4, 2008.**

CANDIDATE INFORMATION	
Name	Candidate for: <input type="checkbox"/> House <input type="checkbox"/> Senate
Mailing address	District
City, zip code	Phone

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER		
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.		
Name of Employer	Address	Principal Type of Economic Activity of Employer

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For candidates who are self-employed.)		
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.		
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:		
Name: Address:		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

(For candidates who are self-employed.)

B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name: Address:	

PART 3. MAJOR AREAS OF PRACTICE

(For candidates who are attorneys-at-law only.)

List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.

Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name: Address:		
Name: Address:		

PART 4. OTHER SOURCES OF INCOME

List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box.

☐ None

Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Address:	
Name: Address:	

PART 5. REPORTABLE LIABILITIES

List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If none, check the box.

☐ None

Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	
Name: Address:	

PART 6. REPORTABLE GIFTS

List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, check the box.

☐ None

Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

PART 7. REPORTABLE HONORARIA

List the source of any honoraria accepted for appearances or speeches related to your candidate responsibilities. If none, check the box.

☐ None

Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.

PART 8. REPRESENTATION BEFORE STATE AGENCIES

List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box.

☐ None

Name of Agency	Name of Agency
1.	3.
2.	4.

PART 9. BUSINESS WITH STATE AGENCIES

List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.

☐ None

Name of Agency	Name of Agency
1.	3.
2.	4.

PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,000 or more of income, their name and job title are listed. Do not include gifts

Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name:	1.	Spouse or Domestic Partner	1.
Job Title:	2.		2.
	3.		3.
	4.		4.
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	
		Dependent Child	
		Dependent Child	
		Dependent Child	

SIGNATURE

A candidate who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a candidate has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

Signature

Date

NAME:		DATE:	
ADDRESS:			
ADDITIONAL INFORMATION			
Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.			
Part/Section Number			